

# State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use Fee Paid 10,22 Date 6-24-2

Name Mr.				i, Olton	NIZATION, OR	VVAL		
	Gordon	M. Walk	er		Home Tel:	09-44	6-2831	cell: 994-9000
Mailing Ad	dress P.O.	Box 280			Work Tel:(	)_		
City Meta	line Falls	53+	FAX:()					
	2. CON		PERSON	TO CALI	L ABOUT THE A	APPL)	ICATIO	N
Name	Y				Home Tel:(	)_		Service and the service of the servi
Mailing Ad	dress				Work Tel:(_	)_		
City	· · · · · · · · · · · · · · · · · · ·		StateZ	ip+4	+FAX:(_	)_		
Section	3. STAT	EMENT	OF INT	ENT				
umber is n  Sstimate a 1  Checl	not sufficient.  maximum an  k if the water	nnual quantit r use is prop	ty to be used to seed for a sh	in acre-feet p	See instructions.) NO per year: 5 acre-feet ject. Indicate the perio	d of tim		
Name the lake, etc.	If unnamed,	write "unna	e if stream, s med spring,"		A permit is desired for		wel	l(s).
Name the lake, etc. stream," et	If unnamed, tc.:  f diversions: ws into (name)	write "unna  1  ne of body o	med spring,"	"unnamed		r	wel	l(s).
Name the lake, etc. stream," et Number of Source flo Unnamed	If unnamed, tc.:  f diversions:  ws into (namel stream (to DN)	write "unna  1  ne of body oributary to	med spring,"  f water):  Line Cree	"unnamed	A permit is desired for Size & depth of well(	rs):		
Name the lake, etc. stream," etc. Source flournamed LOCATIO	If unnamed, tc.:  If diversions:  ws into (namel stream (to DN)  north-south orner:	me of body oributary to	f water):  Line Cree  vest distance	"unnamed	A permit is desired for	s):		
Name the lake, etc. Istream," etc. Number of Source flournamed LOCATIO	If unnamed, tc.:  If diversions:  ws into (namel stream (to DN)  north-south orner:	me of body oributary to	f water):  Line Cree  vest distance	"unnamed	A permit is desired for Size & depth of well(	s):	withdrawa	
Name the lake, etc. stream," etc. Number of Source flournamed LOCATIO	If unnamed, tc.:  If diversions:  ws into (named stream (to DN)  north-south orner:  et North:	me of body oributary to and east-wand 500 f	f water):  Line Cree  vest distance	"unnamed	A permit is desired for Size & depth of well( om the point of divers  4 corner of Sec.	s):	withdrawa	al to the nearest
Name the lake, etc. stream," etc. stream," etc. Number of Source flounamed LOCATIO	If unnamed, tc.:  If diversions:  ws into (named stream (to DN)  north-south orner:  et North:	me of body oributary to and east-wand 500 f	f water):  Line Cree  vest distance	"unnamed	A permit is desired for Size & depth of well( om the point of divers  4 corner of Sec.	ion or v	withdrawa	al to the nearest e is platted, complete low:

DEPARTMENT OF ECOLOGY

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION	
A.	Name of system, if named:	
В.	Briefly describe your proposed water system. (See instructions.)	
C.	Do you already have any water rights or claims associated with this property or system?	X YES D NO
	PROVIDE DOCUMENTATION.  S3-25934C Frederick J. Wheeler & I  (Purchased Yarnells piece of the water right certification)	
	etion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFOR ompleted for all domestic/public supply uses.)	MATION
Α.	Number of "connections" requested: 5 Type of connection Domestic homes/	houses nent, Recreational, etc.)
В.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems County Health Department.	☐ YES X NO
Con	plete C. and D. only if the proposed water system will have fifteen or more	connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved versions.	☐ YES ☐ NO on of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version plan?	☐ YES ☐ NO on of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)	
A.	Total number of acres to be irrigated: One (1) acres per home; for a maximum	m of 5 acres
В.	List total number of acres for other specified agricultural uses:	
	UseAcres	
	UseAcres	
	OSEACICS	
C.	Total number of acres to be covered by this application:5	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chap	ter 237, Laws of 2001)
	Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;	
	† Acreage proposed to be irrigated under this application; † Acreage proposed to be irrigated under other pending application(s).	
	1. Is the combined acreage greater than 6000 acres?	☐ YES X NO
	2. Do you have a controlling interest in a Family Farm Development Permit?  If yes, enter permit no:	☐ YES X NO
E.	Farm uses:	
T	Stockwater - Total # of animals Animal type (If dairy cat	ttle, see below)
	Dairy - # Milking # Non-milking	

#### Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES X NO

No above ground storage; possible underground fire protection water storage

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Walk-in access only-heavily treed. From Spokane take HWY 2 to Tiger; then take HWY 31 for 23.731 miles. Property 100 yards off road into woods.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

### Section 11. PROPERTY OWNERSHIP

	The state of the s	Jiacc OI t	ise and prov	vide the nar	ne(s) and a	ddress(es) o	of the owner(s):
	A. C. War		* 5			Y dis F	

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

☐ YES X NO

The point of withdrawal is located on Federal land; there is a legal authorization for a water-line and catch basin.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

June 24, 2005

Landowner for place of use (if same as applicant, write "same")

Date

53-30490

We are returning your application for the follo	owing reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Please provide the additional information req	nuested above and return your a	pplication by

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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